

DEC 28 2005

PTO/SB/08A (07-05)

Approved for use through 07/31/2006. OMB 0651-0031

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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet	1	of	1
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Complete if Known

Application Number	10/558,525
Filing Date	11/28/2005
First Named Inventor	GRUAZ, Denis
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	NOV055-232834

U. S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

~~ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /SP/~~

Examiner Signature	/Sang Paik/	Date Considered	12/15/2008
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PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

Application Number	10/558,525
Filing Date	11/28/2005
First Named Inventor	GRUAZ
Art Unit	UNKNOWN
Examiner Name	UNKNOWN
Attorney Docket Number	NOV055-232834

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Wolf, Block, Schorr and Solis-Cohen LLP		
Signature			
Printed name	Brian L. Belles, Esq.		
Date	12/28/2005	Reg. No.	51,322

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Typed or printed name	Brian L. Belles	Date	12/28/2005

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